

Danbury Hospital



24 Hospital Ave Danbury, CT 06810 203.739.4903 DanburyHospital.org

From:	Sally Herlihy						
	Vice President, Planning						
To:	Kimberly Martone						
Fax:	860-418-7053			N	o. of Pages:	2	
Phone:	860-418-7001			D	ate:	January 21, 2013	
RE:	CON Docket 10-31667-DTR			C	C;		
Urge	nt 🛛 I	For Review		Please Comment		Please Reply	Please Recycle

Fax

Please find attached notification of replacement technology authorized by Docket No. 10-31667-DTR. A delay in installation was realized due to necessary construction.

Please contact me if you have any questions.

Thank you.

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From: (8594)

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
Office of Health Care Access

JAN 2 21

Certificate of Need Equipment Replacement Notification Form

Pursuant to 19a-638(b)(18), an existing imaging equipment may be replaced, if such equipment was acquired through certificate of need approval or a certificate of need determination, provided a health care facility, provider physician or a person notifies OHCA of the date on which the equipment is replaced and the disposition of the replaced equipment.

Please complete the following:

Provider Name & Address:	The Danbury Hospital		
Name and description of the equipment to be replaced:	CT Simulator		
Docket or Report number of the CON authorization of the existing imaging equipment being replaced:	10-31667-DTR under Docket Number: 98-549		
Address of the existing imaging equipment:	24 Hospital Avenue, Danbury CT 06810		
Name and description of the replacement equipment:	16-slice radiation therapy CT simulator		
Location where replacement equipment will be operated: The date the replaced equipment was replaced:	24 Hospital Avenue, Danbury CT 06810 7/24/2012		
The disposition of the replaced equipment	Was used as a trade in w/ G.E. to purchase the 16-slice unit		

Person completing the form: Sally F. Herlihy, Vice President, Planning, WCHN

Signature J. Hulling 1/16/13
Date

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